

REQUEST FOR EXCEPTION

Use of form: This form is voluntary; however, when completed and on file this form meets the requirements of HFS 45.01(3), HFS 46.02(2), HFS 52.02(2), 54.01(3), 55.02(4), HFS 57.01(3), and HFS 59.01(4) of the Wisconsin Administrative Codes. All approved exceptions must be posted next to your license.

Instructions: The licensee should complete the top section of the form, including the signature and the date signed, and submit it to the licensing specialist. The licensee must submit a new request if there are any changes to the existing condition. The licensing specialist should complete the shaded "For Department Use Only" section, sign and date the form, and send a completed copy to the licensee. The licensing specialist will review ongoing exceptions at license continuation and note the date of review in the space provided. If additional space is needed when completing this form, attach separate sheet(s).

Name - Facility	County in Which Facility is Located
-----------------	-------------------------------------

Address - Facility (Street, City, State, Zip Code)

Applicable Rule Number

Existing Situation - Specify.

Describe your alternative plan to meet the rule requirement.

Provide dates of proposed exception. From: _____ To: _____
(mm/dd/yyyy) (mm/dd/yyyy)

Name - Licensee (Type / Print)

Licensee Title / Position (Type / Print)

SIGNATURE - Licensee

Date Signed (mm/dd/yyyy)

FOR DEPARTMENT USE ONLY

Licensing Specialist Action: ☐ Approve ☐ Deny

☐ Time Limited Expiration Date: _____
(mm/dd/yyyy)

☐ Review at License Continuation

Review Date (mm/dd/yyyy): _____

Review Date (mm/dd/yyyy): _____

Review Date (mm/dd/yyyy): _____

Reason for Action - Specify.

Conditions - Specify.

SIGNATURE - Licensing Representative

Licensing Representative Title / Position

Date Signed

Distribution: Licensee - Return all copies to licensing specialist.

Licensing Specialist - Send completed copy to licensee and retain one copy for facility file and regional exception file.